

**THE SUBSTANCE ABUSE AND MENTAL HEALTH
SERVICES ADMINISTRATION (SAMHSA)
CENTER FOR SUBSTANCE ABUSE TREATMENT (CSAT)
GRANT PROGRAMS
FINAL REPORT**

OUTLINE FOR FINAL PROGRESS REPORT

The Final Progress Report provides information on the programmatic and performance measure-related activities conducted by the grantee during the reporting period.

An electronic copy of the report should be submitted via e-mail (in either Word or PDF) to your assigned Government Project Officer (GPO) with a copy to the Grants Management Specialist. In addition, a copy should be e-mailed to the SAMHSA Division of Grants Management at DGMPProgressReports@samhsa.hhs.gov and to the technical assistance contractor, JBS, Inc., at GranteeReports@jbsinternational.com. The Federal Grantee ID Number should be included in the subject line of the email.

Bi-annual progress reports are due within 30 days of the end of each 6-month reporting period.

An e-mail acknowledging receipt of the report will be submitted within five business days of report submission. The email acknowledgement should be maintained by the grantee as proof of receipt of the Bi-annual report.

I. Identification Information

Grantee Name and Address: Pinellas County, Clearwater, FL

Grantee Federal Identification Number: TI026408-01

CSAT Government Project Officer's Name: Amy Romero

Name of Grants Management Specialist: Doug Lees

Period covered by report (month and year): October 1, 2015 through September 30, 2018

Grantee Principal Investigator or Project Director: Nick Bridenback

Grantee Project Director's E-mail Address and Telephone Number: nbridenback@jud6.org, (727)453-7063

Grant Evaluator: Denise Connor

Grant Evaluator's E-mail Address and Telephone Number: denise.connor@westcare.com, (305)310-9826

II. Changes in Key Personnel or Partners During Reporting Period

A. New Staff Information

Changes in project director, evaluator, and key clinical or outreach staff require prior CSAT approval. The following information is needed for the new key staff. (If none, please indicate “no changes in key personnel”).

<u>New Key Staff this Reporting Period</u>		
List Name of Each <u>New Key Staff</u> for this reporting period <i>(If no new staff or partners, put “None” or “NA”)</i>	Position	Title
n/a		

B. Staff Vacancies

The following information is needed for any staff vacancies during this reporting period. (If none, please indicate “no vacancies” or “fully staffed”).

<u>Staff Vacancies this Reporting Period</u>		
List Name of Each <u>Staff Vacancy</u> for this reporting period <i>(If no staff vacancies, put “None” or “NA”)</i>	Position	Title

C. Training or Professional Development Activities

List any training or professional development activities in which staff has participated. (If none, please indicate “no training or professional development activity”).

<u>Training and Professional Development Activities this Reporting Period</u>	
List Name Training or Professional Development <i>(If no new trainings/professional development activities put “None” or “NA”)</i>	Number of People Attending Training or Professional Development Activity
NA	

D. Licensing/Certifications

Please list any licensing/certification obtained for new services. (If none, please indicate “no new licensing/certifications”).

<u>New Licensing/Certifications this Reporting Period</u>	
List Name of Staff or Program Receiving New License/Certification <i>(If no new licensing/certifications put “None” or “NA”)</i>	Type of Certification
NA	

III. Project Information

A. Coordination and Collaboration

Please list all organizations to which clients were referred by grantee for additional treatment or ancillary (i.e., wraparound) services during the past six months. (If none, please indicate “no referrals”).

<u>Referrals to Additional Treatment or Ancillary Services</u>	
Name of Organization/Agency Client Was Referred to for Additional Treatment or Ancillary Services <i>(If none, put “no referrals”)</i>	Number of Clients Referred to Organization
none	

B. Client Information

NOTE: Grantees that serve family members as part of a **Family Drug Court** program should report on the number of children, adults and families served. **All other grantees** should include clients served in the “Adults” rows and may leave the other rows blank.

Client Data	Numbers to be Served	Notes
How many clients did grantee plan to serve based on the grant application (October 1, 2015 through September 30, 2018)?		
Adults	185	
Children	0	
Families	0	
If the grantee revised the number of clients served, how many clients does grantee plan to serve (October 1, 2015 through September 30, 2018)?		

Client Data	Numbers to be Served	Notes
Adults	n/a	
Children		
Families		
How many new clients does grantee plan to serve in next six months?		
Adults	0	
Children	0	
Families	0	

*For reporting on the following client data, please include the number for **this** reporting period (last six mos.). Only include data reflecting your treatment or intervention population; do not include data from your comparison groups. These should be unduplicated counts of clients served. Again, grantees that serve family members as part of a Family Drug Court program should report on the number of children, adults and families served. All other grantees should include clients served in the “Adult” rows and may leave the other rows blank.*

Client Data	Number This Reporting Period	Notes
How many clients did the grantee plan to serve?		
Adults	185	
Children	0	
Families	0	
How many clients did the grantee actually serve?		
Adults	202	
Children	0	
Families	0	
How many intake/admissions were completed?		
Adults	202	
Children	0	
Families	0	
How many clients completed the intake/admissions GPRA assessment but did not receive treatment from project staff?		
Adults	5	
Children	0	
Families	0	
How many clients were discharged from the program before completion (i.e., clients who left the program for any reason without completing their treatment plan)?		
Adults	92	
Children	0	
Families	0	
How many clients graduated from the program (i.e., clients who successfully completed the program)?		
Adults	105	
Children	0	

Client Data	Number This Reporting Period	Notes
Families	0	

C. Project Narrative

Provide a narrative report of no more than three to five pages, including the following information:

1. Project Activities This Reporting Period

- Describe activities the project engaged in over the past six months, focusing on the key program and evaluation goals, objectives and activities.

The Elevate program provided evidence-based, trauma informed, gender responsive services to high risk/high need, nonviolent youthful offenders (ages 18-30) diagnosed with a substance abuse disorder who have experienced trauma and may also be living with a mild co-occurring mental health disorder. The overall goal of the program was to expand and enhance the capacity of the Sixth Judicial Circuit to address gaps in the continuum of treatment, as well as to facilitate reductions in recidivism and substance abuse among the population of focus to increase the likelihood of their successful reintegration into their community.

Participants meeting program criteria received an assessment, drug treatment services based upon individual need, regular/random drug testing, monthly Judicial Reviews, which continued after treatment completion, and benefited from a unique home visitation component within its community-based comprehensive case management services.

The program began admitting consumers in January 2016 after a three-month implementation period. The program admitted 209 consumers, seven of whom were duplicate admissions, so Elevate served 202 unduplicated individuals. The program exceeded its' 3-year admission goal by twelve consumers, or 6.4%.

2. Change in Projected Numbers

- Explain any differences between the number of planned and actual clients seen and between the number of clients served and the number of intakes.

The Elevate program exceeded the targeted intake numbers throughout the duration of the grant with a final intake coverage rate of 109.2%. Referrals of appropriate participants were consistent from the program initiation and we experienced a high rate of intake completions and participants engaging in treatment; Participants were targeted, referred, and engaged in treatment services expeditiously. Through coordination with our Research Assistant and two treatment providers, the time between GPRA completion and intake with provider staff is minimal.

3. Program and Evaluation Successes and Challenges/Barriers

- Describes any success experienced in programmatic and evaluation implementation during this reporting period.

The program collected 202 non-duplicate intake assessments and 196 post-assessments, collected either at six months after intake or at discharge. With an intake coverage rate of 109.2%, the program not only exceeded the target population to be served but was able to do so by the 2nd quarter of year 3 and have all treatment services completed before the end of the grant.

Elevate utilized a Risk-Need-Responsivity (RNR) model and the Level of Service Inventory–Revised™ (LSI-R™) to match each offender’s level and intensity of services to his/her level of risk and relative to his/her needs. The average intake LSI-R score was 26, with scores ranging from 12 to 43. The average post-test score was 20, with scores ranging from 10 to 35. Scores for the majority of consumers (89%) for whom matched pre and post-tests are available showed reduced risk and need between pre and post-testing.

The program is required by CSAT to collect outcome data at multiple time points after intake. The program has collected 196, or 97%, of the 6-month GPRA interviews due, and has collected them all on time. When a program’s GPRA rate exceeds 100%, this means the program is collecting the interviews early in the data collection window, prior to the actual due date. CSAT expects programs to conduct a minimum of 80% of the interviews in the on-time window; the average for all grantees is 78%.

- Describe any challenges or barriers encountered during the reporting period and their effect on project implementation. Include programmatic barriers (e.g., lower referrals than expected, inability to provide services as planned) or evaluation challenges (e.g., difficulty accessing needed data on target population, challenges in engaging program staff to participate in evaluation activities).

There were no barriers encountered that affected referrals or delivery of treatment services.

The home visitation enhancement proved to be a valuable outreach intervention that ensured each participant’s home environment supports his/her recovery. Home care kits were provided based on individual need comprised of first aid kits, fire extinguishers and detectors, resource guides, work clothing, and additional items to engage family members.

The home visitation team, comprised consistently of treatment and case management personnel, were able to provide additional support and increase community supervision. Coordinating visitations with each participant’s assigned probation officer proved difficult. The Florida Department of Corrections were supportive of the endeavor and met regularly as members of the team to facilitate. While several solutions were discussed and implemented, including having a dedicated officer (or officer’s) and the court providing a regularly updated list of assigned PO’s to the coordinating manager, only a few home visits included a supervising officer.

- Describe efforts and outcomes in overcoming the identified challenges/barriers.

As indicated above, coordinating visitations with each participant’s assigned probation officer proved difficult. Several solutions were discussed with the Florida

Department of Corrections and the court did begin providing a regularly updated list of assigned PO's to the coordinating manager implemented to resolve. While there were several successful home visits with the entire team as proposed, the scheduling/coordination issue was not resolved.

- Include a description of any key lessons learned regarding program and evaluation implementation.

Minimal delay between identification, referral, and treatment engagement of appropriate participants was key to the success of this program and strategies implemented to facilitate have been replicated in the Pinellas Adult Drug Court service delivery model.

Close coordination between the court and treatment, including program-dedicated dockets attended by the entire program team, allowed for not only quicker identification and referral for appropriate services, but participants were able to see the relationship between the court and treatment as a coordinated group with the same goal of supporting the participant to be successful. Dialogue between the participant and this coordinated team proved valuable as these individuals changed their perspective of the court intervention to a therapeutic response rather than a traditional, punitive approach.

4. Changes in Project Goals and Objectives

- Describe any changes in project goals and objectives and progress toward achieving them. Identify which SAMHSA staff approved these changes and when they were approved.

None.

5. Project Service Delivery Method

- Describe any changes in your project service delivery method since the last reporting period. Identify who approved these changes and when they were approved.

None.

6. Project's Capacity to Serve Target Population

- Describe any efforts to expand project's capacity to serve the target population.

None.

7. Financial Status Update

- Describe any changes in or concerns about grantee's financial status that may affect the implementation or operation of the grant. Include changes in other sources of funds supporting the project, budgets during the reporting period that required GPO approval, or project changes in budgeting during the reporting period that will require GPO approval.

None.

8. Contextual Events or Community Changes

- Describe any significant contextual conditions, events or community changes that took place over the reporting period which have already had or will likely have an influence on your project or impact the outcomes you are measuring for your target population. Include things such as changes in agency or community leadership; implementation of other new legislation, policies or procedures that affect your program or target population; changes to State/county budgets or funding that affect services to your target population; changes in child welfare or substance use trends; other related community developments, etc.

None.

9. Dissemination Activities

- Provide information disseminated to others about project (i.e., via newspaper article; TV or radio coverage, public presentations, presentations at local, state, or national conferences, and publications
- Include any work products or materials developed during the reporting period. This may include MOUs, project marketing materials, forms, meeting agendas, training outlines, etc.

None.

10. Project Challenges

- Describe any project challenges grantee encountered and strategies implemented for overcoming them.

None.

11. Technical Assistance Activities

- Describe programmatic and evaluation technical assistance needs.

A Technical Assistance Site Visit was conducted January 30, 2017 through February 1, 2017 (final report attached). During the TA site visit, treatment fidelity was discussed and it was determined, based on the proposed treatment modalities and how they were being used, that MRT was not being utilized with fidelity to the model. The treatment team met to determine the best course of action after the visit and decided that the MRT model could not be properly used within the structure of the program. The other four models together (CBT, MET, MI and Seeking Safety) were better addressing the specific treatment needs of this population and were being utilized with fidelity to the models. MRT was eliminated from the treatment programming without adverse effects to participants or program structure.

12. HIV Activities

- If grantee conducts HIV outreach activities, identify the number of outreach events planned, number of outreach events actually completed, number of HIV tests planned, number of HIV tests actually completed, and the number of new clients that grantee plans to serve in the next six months.

Approximately 87% of Elevate consumers reported they had been tested for HIV at least once, with 2% of those saying they did not know the results of the test.

The last consumer perception surveys conducted were related to willingness to get an HIV test, which is provided by the program. While most of the clients indicated they were not opposed to getting tested, many stated they didn't see the need for repeated testing, even if they participated in high risk behavior. Some did not know how to go about getting tested. Other consumers stated they knew the process for getting tested, and were comfortable doing so, however they didn't feel they needed to get tested at this time. Many said they were "just" tested in jail. Results reflect a need for expanded HIV/STD prevention services in the community that are science-based, convenient, easy to access, and cost-effective.

13. Additional Information

- Note additional information that the grantee would like the GOP to know about the project.

IV. Program Evaluation

In this section, focus on program outcome and process evaluation data (both quantitative and qualitative) obtained during the reporting period.

- Describe any major findings from evaluation activities and your interpretation of these findings. Findings may be preliminary and based on initial observations or data collection activities (e.g., descriptions of program participants at baseline; short-term outcomes specified in the logic model). Attach any local evaluation reports completed during this reporting period, in addition to or as an alternative to this section.

Please see attached evaluation report.

V. Approved Changes to Goals and Objectives

This table should only be completed in your first Bi-annual report or if you received approval from your GPO to change your goals and objectives.

	Original Goal and Associated Objectives	Revised Goal and Associated Objectives	Date M/YY
Goal 1 Objective Objective	Goal: Enhance the capacity of the PADC to address the risk/needs of youthful offenders. O1A: Over the life of the grant, 185 PADC participants enrolled in Elevate (55 in YR 1 and 65 in YRs 2-3) will be provided with integrated screening and assessment; individualized treatment planning; case		

	<p>management; and trauma-informed, evidence-based and gender responsive behavioral health services as evidenced by case management documentation.</p> <p>O1B: Over the life of the grant, 75% of PADC participants enrolled in Elevate will complete their individualized treatment plans (including achievement of goals) as evidenced by case management documentation.</p> <p>O1C: Over the life of the grant, 85% of PADC participants enrolled in Elevate and 90% of key community stakeholders will report satisfaction with the Elevate program as indicated on annual satisfaction surveys (with scores of at least 75% overall satisfaction).</p>		
<p>Goal 2</p> <p>Objective</p> <p>Objective</p>	<p>Goal: Reduce the risk of recidivism and substance use among youthful offenders to increase their likelihood of successful reintegration into the community.</p> <p>O2A: Annually, at least 80% of PADC participants enrolled in Elevate will exhibit a reduction in the antisocial behaviors that trigger their criminal activity and substance use as evidenced by the TAPD, case management documentation and the LSI-R™. In addition, 80% of PADC participants that complete Elevate will maintain reductions in antisocial behavior at</p>		

	<p>follow-up post discharge as evidenced by GPRA.</p> <p>O2B: Annually, at least 80% of PADC participants enrolled in Elevate will have reduced substance use from intake to discharge and 75% will remain drug-free during enrollment as evidenced by GPRA and case management documentation.</p> <p>O2C: Over the life of the grant, at least 80% of PADC participants enrolled in Elevate will not be re-arrested for non-drug related charges or drug related charges during participation in the program as evidenced by case management documentation. In addition, increased coordination with probation officers will ensure that non-compliance issues are identified and corrected with 48 hours of observance.</p> <p>O2D: At least 60% of PADC participants enrolled in Elevate will remain crime and substance free during enrollment, at discharge and at follow-up post-discharge as evidenced by case management documentation and GPRA.</p> <p>O2E: At least 80% of PADC participants enrolled in Elevate will have reduced overall assessed risk from intake to discharge and at follow-up post discharge as evidenced by the LSI-R™</p> <p>O2F: At least 70% of PADC participants enrolled in Elevate will have reduced trauma-related symptoms from intake to discharge and at follow-up post</p>		
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	<p>discharge as evidenced by the TAPD and GPRA.</p> <p>O2G: At least 60% of PADC participants enrolled in Elevate with violent behaviors at intake will have reduced symptoms associated with violence at discharge and at follow-up post discharge as evidenced by the LSI-R™ and GPRA.</p>		
<p>Goal 3</p> <p>Objective</p> <p>Objective</p>	<p>Goal: Address gaps in the treatment continuum for youthful offenders with COD and increase protective factors that strengthen their success during reentry.</p> <p>O3A: At least 70% of PADC participants enrolled in Elevate that participate in home visits and complete their treatment plans will have positive contact with members of their household (e.g., family members) at discharge and self-report either a strengthened household or strengthened/more connected family as evidenced by case management documentation.</p> <p>O3B: Education completion rates among PADC participants enrolled in Elevate will increase by 20% from intake to discharge as evidenced by GPRA and case management documentation.</p> <p>O3C: At least 60% of PADC participants enrolled in Elevate that participate in employment readiness activities will have increased employment or</p>		

	<p>job training outcomes from intake to discharge and at follow-up post discharge as evidenced by GPRA and case management documentation.</p> <p>O3D: One hundred percent (100%) of PADC participants enrolled in Elevate that lack stable housing at intake will receive housing counseling and assistance in securing and maintaining stable housing as evidenced by case management documentation. Eighty percent (80%) of participants will continue to maintain stable housing at follow-up post discharge as documented by GPRA.</p> <p>O3E: At least 80% of PADC participants enrolled in Elevate who complete their treatment plans will self-report improved social connectedness at discharge and at follow-up post discharge as evidenced by LSI-R™, GPRA and case management documentation.</p> <p>O3F: At least 80% of PADC participants enrolled in Elevate who interact with the Peer Recovery Advocate will self-report greater navigation and use of wrap around and recovery support services, as well as, social connectedness at discharge and at follow-up as evidenced by case management documentation and GPRA.</p>		
Goal 4			

Objective			
Objective			
Goal 5			
Objective			
Objective			

KEY PROJECT PERSONNEL

Date: 4/28/2016

Project Director: Nick Bridenback

Address: 14250 49th St N. Clearwater, FL 33762

Telephone Number: (727)453-7063

E-mail Address: nbridenback@jud6.org

Fax Number: (727)464-6506

Project Manager/Day-to-Day Coordinator (if same as Project Director, please indicate "Same"): Same

Address:

Telephone Number:

E-mail Address:

Fax Number:

Evaluator: Denise Connor

Address: 169 E. Flagler St., 13th Floor Miami, FL 33131

Telephone Number: (305)310-9826

E-mail Address: denise.connor@westcare.come

Fax Number:

Other Key Staff (optional):

Address:

Telephone Number:

E-mail Address:

Fax Number: